

NOV 16 2005

MORRISON | FOERSTER

755 PAGE MILL ROAD
PALO ALTO
CALIFORNIA 94301-1018
TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792
WWW.MFO.COM

MORRISON & FOERSTER LLP
NEW YORK, SAN FRANCISCO,
LOS ANGELES, PALO ALTO,
SAN DIEGO, WASHINGTON, D.C.
ALEXANDRIA, NORTHERN VIRGINIA,
ORANGE COUNTY, SACRAMENTO,
WAUNAKEE, GREEN BAY, MILWAUKEE, WI
TOKYO, LONDON, BEIJING,
SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

To:

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment USPTO	(571) 273-8300	(571) 272-2043

FROM: Christopher B. Eide

DATE: November 16, 2005

Number of pages with cover page:	11
-------------------------------------	----

Preparer of this slip has confirmed that facsimile number given is correct: 6719/jas

Comments:

Attorney Docket No.:	443452000103
Group Art Unit:	2835
Examiner:	L. Lea-Edmonds
Serial No.:	10/678,006
Filing Date:	October 1, 2003
Inventors:	Giovanni COGLITORE et al.
Title:	HIGH DENSITY COMPUTER EQUIPMENT STORAGE SYSTEM

Documents attached:

- Transmittal Form (1 page)
- Fee Transmittal (original + copy for fee processing (2 pages)
- Amendment (6 pages)
- Petition for Extension of Time (1 page)

To ensure compliance with requirements imposed by the United States Internal Revenue Service, Morrison & Foerster LLP informs you that, if any advice concerning one or more U.S. Federal tax issues is contained in this facsimile (including any attachments), such advice is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein.

CAUTION - CONFIDENTIAL

This facsimile contains confidential information that may also be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not copy, use, or distribute it. If you have received it in error, please advise Morrison & Foerster LLP immediately by telephone or facsimile and return it promptly by mail.

pa-1025898

RECEIVED
CENTRAL FAX CENTER

NOV 16 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

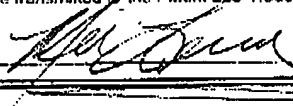
TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number 10/678,006
Total Number of Pages in This Submission 10	Filing Date October 1, 2003	
	First Named Inventor Giovanni COGLITORE	
	Art Unit 2835	
	Examiner Name L. Lea-Edmonds	
	Attorney Docket Number 443452000103	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages)) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (6 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavit/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Coversheet <input type="checkbox"/> Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name Signature	MORRISON & FOERSTER LLP (Customer No.: 25226)	
Printed name	Christopher B. Elde	
Date	November 16, 2005	Reg. No. 48,375

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 16, 2005

Signature: 

(Moi Y. Leung)

pa-1025891

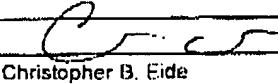
P103SW17 (12-04v2)
 Approved for use through 07/31/2006 OMB 0651-0032
 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2005		Complete if Known	
<i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4018).</i>		Application Number	10/678,006
		Filing Date	October 1, 2003
		First Named Inventor	Giovanni COGLITORE
		Examiner Name	L. Lea-Edmonds
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2835
TOTAL AMOUNT OF PAYMENT (S) 225.00		Attorney Docket No.	443452000103

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify)	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952			Deposit Account Name: Morrison & Foerster LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES				
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fee Paid (\$)	
Utility	300	150	500	250	200	1(X)			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES						Small Entity	Fee (\$)	Fee (\$)	
Fee Description									
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims							360	180	
						Total Claims	Fee (\$)	Fee Paid (\$)	
						51	0	25.00	0.00
						Indep. Claims	Fee (\$)	Fee Paid (\$)	
						7	0	100.00	0.00
						Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
						180.00		0.00	
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
						Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	
						- 100 =	150	(round up to a whole number) x	
						125.00	=	0.00	
4. OTHER FEE(S)						Fees Paid (\$)			
Non-English Specification. \$130 fee (no small entity discount)						0.00			
Other (e.g., late filing surcharge): 2252 Extension for response within second month						225.00			

SUBMITTED BY					
Signature			Registration No (Attorney/Agent)	48,375	Telephone
Name (Print/Type)	Christopher B. Eide				(650) 813-5720
			Date	November 16, 2005	